

SENATE AMENDMENTS TO SENATE BILL 624

By COMMITTEE ON HEALTH CARE

April 5

1 On page 1 of the printed bill, delete lines 5 through 32.

2 On page 2, delete lines 1 through 24 and insert:

3 **“SECTION 2. (1) The certified community behavioral health clinic program is established**
4 **in the Oregon Health Authority for the purpose of certifying community behavioral health**
5 **clinics that meet criteria adopted by the authority by rule to receive prospective fixed cost-**
6 **based rates, as provided in subsection (4) of this section, for services provided to medical**
7 **assistance enrollees.**

8 **“(2) Rules adopted by the authority:**

9 **“(a) Must be consistent with the criteria published by the United States Department of**
10 **Health and Human Services for clinics that were certified by states as certified community**
11 **behavioral health clinics to participate in the demonstration program under section 223(d)**
12 **of the Protecting Access to Medicare Act of 2014 (P.L. 113-93); and**

13 **“(b) Shall ensure that certified community behavioral health clinics provide, at a mini-**
14 **imum, all of the following services, either directly or by referral through formal relationships**
15 **with other providers:**

16 **“(A) Crisis mental health services, including 24-hour mobile crisis teams, emergency**
17 **crisis intervention services and crisis stabilization services;**

18 **“(B) At least 20 hours per week of primary care services;**

19 **“(C) Screening, diagnosis and assessment, including risk assessment;**

20 **“(D) Patient-centered treatment planning or similar services that include risk assess-**
21 **ment and crisis planning;**

22 **“(E) Outpatient primary care screening and monitoring of key health indicators and**
23 **health risks;**

24 **“(F) Targeted case management;**

25 **“(G) Psychiatric rehabilitation services;**

26 **“(H) Peer support and counseling services;**

27 **“(I) Family support services;**

28 **“(J) Community-based mental health services, including intensive community-based**
29 **mental health care for members of the armed forces and veterans consistent with the mini-**
30 **imum clinical mental health guidelines adopted by the United States Department of Veterans**
31 **Affairs Veterans Health Administration; and**

32 **“(K) Outpatient mental health and substance use disorder services.**

33 **“(3) If the authority adopts requirements for certified community behavioral health**
34 **clinics that are in addition to the criteria described in subsection (2)(a) of this section, the**
35 **authority shall provide funding to the clinics sufficient to reimburse the costs of the addi-**

1 tional requirements.

2 “(4)(a) A certified community behavioral health clinic shall complete the federally re-
3 quired cost report for the authority to review and approve the clinic’s prospective fixed
4 cost-based rate for a patient encounter.

5 “(b) The authority shall adjust the prospective fixed cost-based rate at least every two
6 years. A certified community behavioral health clinic may request a rate adjustment before
7 the end of the two-year period if:

8 “(A) A clinic changes the clinic’s scope of services; or

9 “(B) The authority increases rates regionally or statewide.

10 “(c) The authority shall adopt and provide to certified community behavioral health
11 clinics guidance on the development of fixed rates and billing. The fixed rate must include
12 but is not limited to:

13 “(A) An estimate of the projected cost of anticipated expansions of the certified com-
14 munity behavioral health clinic program or the populations served by the program; and

15 “(B) The cost of the technology and data systems needed by each clinic to track and
16 measure outcomes and other data that the authority requires to be tracked or measured.

17 “(d) The authority shall:

18 “(A) Review federal guidance on rate setting for clinics that are dually certified as
19 federally qualified health centers, as defined in 42 U.S.C. 1396d(l)(2), and as certified com-
20 munity behavioral health clinics and provide recommendations to such dually certified clinics
21 about how the clinics can best bill for services; and

22 “(B) Explore opportunities for maximizing the financial benefits to certified community
23 behavioral health clinics, including but not limited to leveraging supplemental payments or
24 quality-based payments for providers operating certified community behavioral health clinics
25 to support the clinics’ operations or to expand the scope of services offered by the clinics.

26 “(5) In any geographic region of this state that is served by both a certified community
27 behavioral health clinic and a community mental health program:

28 “(a) The certified community behavioral health clinic and the community mental health
29 program may enter into a written agreement concerning collaboration between the clinic and
30 the program in the coordination of services that are provided by both the clinic and the
31 program.

32 “(b) The authority shall develop a plan to ensure:

33 “(A) Coordination of services between the clinic and the program to minimize service
34 redundancies; and

35 “(B) Financial efficiencies to maximize financial benefits.

36 “(6) This section does not require a clinic that is eligible for certification under this
37 section to apply for certification. Participation in the program is voluntary.”.

38 After line 35, insert:

39 “(4) The authority shall explore all prospective rate methodologies allowed for the certified
40 community behavioral health clinic model by the Centers for Medicare and Medicaid Services.”.

41 In line 36, delete “(4)” and insert “(5)”.